

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 22 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22545

1. PLACE OF DEATH
 17 County Carroll Registration District No. 135
 3 Township Carrollton Primary Registration District No. 30701
 4 City Carrollton (No. 3) St. _____ Ward _____

2. FULL NAME Nannie Allen
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. S. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1872

7. AGE YEARS 61 MONTHS 5 DAYS 18 if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as pianer, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

13. NAME Christian Berreter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Coop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempson

17. INFORMANT Ray Allen (ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 7-22-33

19. UNDERTAKER Standley (ADDRESS) Carrollton Mo

20. FILED 7-21 1933 Mrs. E. E. Farham (Address) _____ Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1930 to 7-20 1933
 I last saw her alive on 7-20 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
H. B.
W. G.
 Other contributory causes of importance: _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. B. Brown M. D.
Carrollton, Mo

